

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124161

Entity Name: ELDERLY REHAB CENTER,INC

FILED  
Sep 03, 2007  
Secretary of State

## Current Principal Place of Business:

85 GRAND CANAL DRIVE  
402  
MIAMI, FL 33144 US

## Current Mailing Address:

85 GRAND CANAL DRIVE  
402  
MIAMI, FL 33144 US

## New Principal Place of Business:

7855 NW 12 STREET  
205  
MIAMI, FL 33126 US

## New Mailing Address:

7855 NW 12 STREET  
205  
MIAMI, FL 33126 US

FEI Number: 26-0827018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MONZON, IOSVANI  
2333 BRICKELL AVE  
506  
MIAMI, FL 33129 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MONZON, IOSVANI  
Address: 2333 BRICKELL AVE APT#506  
City-St-Zip: MIAMI, FL 33129 US

Title: VP ( ) Delete  
Name: MONZON, GENOVEVA  
Address: 7000 SW 23 STREET SPT#506  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MONZON, GENOVEVA  
Address: 5323 SW 127 COURT  
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IOSVANI MONZON

P

09/03/2007

Electronic Signature of Signing Officer or Director

Date